

# **NINILCHIK INDIAN HOUSING PROGRAM**

15910 Sterling Hwy.

P.O. Box 39070

Ninilchik, AK 99639

PH: 907 567-3313 / FX: 907 567-3308

E-mail: [bob@ninilchiktribe-nsn.gov](mailto:bob@ninilchiktribe-nsn.gov)

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## **Emergency Assistance Program**

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**Ninilchik Indian Housing Program**  
**Emergency Assistance Program**

**Guidelines**

The Ninilchik Traditional Indian Housing Program has a limited amount of Emergency Assistance Vouchers. The Vouchers are:

1. Targeted toward people who are in danger of becoming homeless, NOT those who are already homeless. Applicants who are in temporary living quarters qualify only if they have been homeless for 30 days or less.
2. For housing related expenses such as: Rent, Security Deposits, Mortgage Payments, Utilities, etc.
3. All payments are made to third party vendors only. No direct cash payments will be made.
4. Processing of an approved request takes approximately ten (10) days after a complete application has been turned in.

**Eligibility Requirements Include:**

- ❖ Must be Alaska Native or American Indian with BIA Certificate Degree of Indian Blood.
- ❖ Income at or below the 80% of the current established Federal Median Income for the Kenai Peninsula.
- ❖ In imminent danger of homelessness. (Proof of imminent danger of homelessness usually means an eviction notice or foreclosure notice).
- ❖ Reside within the Ninilchik Traditional Councils Tribal Boundaries. “South side of the Kasilof bridge to Homer.” Must reside within the boundary area a minimum of 30 days.
- ❖ Must have income sources secured for the following month and rent cannot be higher than income.

**Federal definition of homelessness**

- ❖ An individual or family who lack a fixed, regular and adequate nighttime residence that is:
- ❖ A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for persons with mental illness).
- ❖ An institution that provides a temporary residence for individuals intended to be institutionalized; or:
- ❖ A public or private place not designed for, or ordinarily used as a regular sleeping accommodations for human beings.

**Priority**

- ❖ Priority will be given on a first come first serve basis, depending on verification of eligibility and available funding.

**Recipient's Responsibilities**

- ❖ Participate in counseling (including financial, employment, substance abuse, legal, etc.) employment barrier assessment, job search activities, or other mandated activities.

**Ninilchik Indian Housing Program**  
**Emergency Assistance Program**

**Emergency Assistance Application Checklist**

**Please Provide All Information Below.**

***Remember applications will NOT be started until ALL information is provided.***

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- ❖ Application form - completely filled out and signed.
- ❖ Past 1 year signed income tax forms w/ 1099's & W-2's that were submitted to IRS. Or letter from the IRS, stating that you didn't make enough to have to file for each of the last 1 years.
- ❖ CIB- Certification of Indian Blood (issued by the Bureau of Indian Affairs).
- ❖ Picture ID, Drivers License or Passport.
- ❖ Original Social Security Cards of each Applicant & Co-Applicant.
- ❖ Birth Certificates of each child.
- ❖ If Disabled- Proof of Disability from Doctor or other legal source stating disability.
- ❖ Proof of income for entire household over the age of 18, for the last 12 months.
- ❖ Proof of income for entire household over the age of 18, for last 30 days. *Pay stubs, Pensions, Social Security, Disability Payments, VA payments, ATAP-AFDC-FS-AAP printout, Unemployment Benefits payment stubs, Child Support, Alimony.*
- ❖ Native Dividends check stubs. Any payments received monthly, semi annual, or yearly.
- ❖ Copy of Rental Agreement or Mortgage Statement showing Monthly payments on Home.
- ❖ Eviction Notice, Foreclosure Notice, or Property Tax Foreclosure Notice.
- ❖ Shut off notices for utilities (*does not include long distance charges or cable television.*).
- ❖ If applying for heating fuel oil or propane an old bill can serve as proof as long as it states the size of the tank.
- ❖ For septic tanks getting pumped – an old bill stating the size of the septic tank.

**Please remember, if information is not brought with you it will only delay the approval process.**

If you have questions or if you need to make an appointment please call Bob at (907) 567-3313

**I have read and supplied the above information and understand that providing false information will disqualify me and can result in legal action.**

_____ <i>Applicant's Signature</i>	____/____/20____ <i>Date</i>
_____ Spouse/Co-Habitants Signature	____/____/20____ <i>Date</i>

**Ninilchik Indian Housing Program**  
**Emergency Assistance Program**  
**Emergency Assistance Policies and Procedures**

The Purpose of the Emergency Assistance Program is to provide assistance to qualified applicants in the communities which the Ninilchik Indian Housing Program serves, (Kasilof to Homer), for prevention of homelessness. This program is targeted at, but not limited to, the following:

- ❖ Welfare to work families.
- ❖ Illness and family crisis.
- ❖ Domestic violence.
- ❖ Financial hardships due to lack of work, lack of income and job layoffs.
- ❖ Disaster situations, including economic disasters or Acts of God, e.g. fires, earthquakes tidal waves, bad fishing seasons.
- ❖ Substance abuse treatment clients.

**Part A: Policies**

**Eligibility**

Eligibility recipients must fall into all of the following categories:

- ✓ Verifiable income showing at or below the current 80% Federal median income level for the Kenai Peninsula.
- ✓ Alaskan Native or American Indian, as evidenced by a CIB or Tribal Enrollment Identification.
- ✓ In imminent danger of homelessness (using federal definition) or evidence of another verifiable housing emergency.
- ✓ Current resident of the Ninilchik Tribal jurisdiction which includes south side of Kasilof Bridge to Homer.
- ✓ Only one individual in a household may participate in the program. Limits on amounts and frequency of assistance apply to the entire household, not just the individual making an application. NTC Housing Program staff shall maintain all eligibility documents in participant files.

**Amount and Frequency of Assistance Provided**

- ❖ Assistance shall be a Maximum Total of Three (3) Assists (Separately Paid Vendors) per individual or household per year
- ❖ AND a limit of \$2,000.00 **Accumulated Total** on **All** Emergency Assistance within Two (2) Years.

**Requirement to Verify Incident and /or Crisis**

The program shall be considered a grant to the recipient. It is intended for temporary assistance for qualified applicants who are in imminent danger of becoming homeless or who possess evidence of another verifiable housing emergency. The NIHP Emergency Assistance Program agrees to provide services for the prevention of homelessness in the following ways:

- ❖ Provide supplemental utility payments when in jeopardy of a shut down in the amount of the delinquent amount only.
- ❖ Utilities are defined as water, sewer, electricity, propane, heating fuel oil or primary heating source.
- ❖ Basic telephone services, excluding: long distances, late fees, all enmities such as call waiting, call forwarding etc...
- ❖ Cable television is not considered an eligible utility.

- ❖ Provide assistance with monthly mortgage payments or rental payments when in jeopardy of eviction, ejection, or foreclosure. As a part of establishing eligibility a copy of the original rent agreement should be made as part of the client file. This will establish the reasonableness of the claims made by 3<sup>rd</sup> parties. This includes payment of property taxes and related housing cost that would cause homelessness to qualified applicants.
- ❖ Provide assistance with first's months rent, security and or utility deposits when assisting applicants who can verify sustainable income to obtain new housing or a change of housing.

**ALL PAYMENTS WILL BE MADE DIRECTLY TO THIRD PARTIES, OR THROUGH VOUCHERS. PAYMENTS TO RELATED 3<sup>RD</sup> PARTIES ARE PROHIBITED.**

### **Informing Eligibility**

NIHP staff shall inform each applicant of his/her eligibility within 10 days of receiving completed application packet by mail. No phone call in regards to funding will be accepted prior to the 10 day except on an emergency basis s decided on by NHIP staff. Incomplete applications will not be funded.

### **Verification**

Copies of eligibility criteria, as documented above, must be kept in the applicant's file. Annual income, as established by the Department of Housing and Urban Development, includes:

- ❖ Wages, Salaries, Tips, Commissions, etc.
- ❖ Self-employment income
- ❖ Farm self-employment income
- ❖ Interest, dividends, net rental income, or income from estate or trusts
- ❖ Social security or railroad retirements
- ❖ Supplemental Security income, Alaska Temporary Assistance Program (ATAP), or other public assistance or public welfare programs.
- ❖ Retirement, survivor or disability pensions
- ❖ Indian quarterly, semi or annual dividends
- ❖ Alaska Permanent Dividend
- ❖ Any other source of income received regularly, including Veteran's (VA) payments/benefits, unemployment compensation, child support, alimony, etc.

NIHP staff must obtain and copy documentation of applicant's income.  
Applicants re-applying must submit new income documentation.

I have read and understood the Guidelines and Policies.

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Applicants Signature

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Date

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Co-Habitant's Signature

---

Date

**NINILCHIK INDIAN HOUSING EMERGENCY ASSISTANCE PROGRAM**

**FY2004 NAHASDA INCOME LIMITS FOR ALASKA**

**Kenai Peninsula Borough Median Family Income \$64,600.00**

**Effective 03/20/2007**

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**You must be at or Under the 80% Median Income to Qualify for This  
Program**

1. Person Household: \$38,200
2. Person Household: \$43,650
3. Person Household: \$49,100
4. Person Household: \$54,550
5. Person Household: \$58,900
6. Person Household: \$63,300
7. Person Household: \$67,650
- 8. Person Household: \$72,000**

**Ninilchik Indian Housing Program**  
**Emergency Assistance Program**  
**Application**

The Ninilchik Indian Housing Programs, Emergency Assistance Voucher Program is designed to meet emergency housing /home related needs: fuel (oil, electric, coal, wood, etc.); shelter (rent, or house payment). Maximum of three (3) assists per person/household per year and or up to a combined total of \$2000.00 maximum limit every two- (2) years. After reaching the \$2000.00 limit applicants can not apply for assistance again until two (2) years after the last assist. Applicants must reside within the Ninilchik Tribal Boundary Area.

**Applicant Narrative**  
*(Must Be Completed By Applicant)*

\_\_\_\_\_  
Applicant Name (Please Print)

Amount of Assistance Requesting: \_\_\_\_\_

Amount of Assistance Requesting: \_\_\_\_\_

Amount of Assistance Requesting: \_\_\_\_\_

Please Check All Types of Assistance That You Are Requesting

- |   |  |
|---|--|
| <input type="checkbox"/> Rent for the Month of: _____<br><input type="checkbox"/> Temporary Housing (Motel)<br><input type="checkbox"/> First Months Rent<br><input type="checkbox"/> Security Deposit<br><input type="checkbox"/> Lights | <input type="checkbox"/> Water/ Sewer<br><input type="checkbox"/> Fuel Oil/ Stove Oil<br><input type="checkbox"/> Propane<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Foreclosure |
|---|--|

☐ Other. Please Specify: \_\_\_\_\_

Please describe the circumstances which has created the crisis that places you in imminent danger of becoming homeless: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your plans for the next month to improve this situation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Habitant's Signature

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

**Ninilchik Indian Housing Program**  
**Emergency Assistance Program**

**Emergency Assistance Application**

Date: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Village: \_\_\_\_\_ Tribe: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

High School Graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No      GED? \_\_\_\_\_ Yes \_\_\_\_\_ No

Month/ Year Graduated: \_\_\_\_\_

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No      Date of Service: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Please list all persons in you're household.

Please circle **DD** if an individual is (Developmentally Disabled) or **SN** of an individual is (Special Needs). Developmentally Disabled- Most provide proof that family member has a Developmental Disability.

Special Needs Child is:

- a) In Child Protective Care.
- b) An Indian Child Welfare Case.
- c) Physically or mentally challenged. (Physically or mentally incapacitated children are those that have a physical or mental impairment that acts as a significant barrier to education and or employment.
- d) Homeless.

If you need additional space, please enclose another page with application.

Household Members Starting with Yourself	DD/ SS or NA (Not Applicable)	Last 12 Months Income	AK Native /Am Indian Or Other

**Ninilchik Indian Housing Program**  
**Emergency Assistance Program**

**Income Sources (Interim Assistance)**

Please fill in the dollar amount for the type of income you have received for the last 30 days. The annual income, fill in the dollar amount you have received for the last 12 months. Ask for assistance if you do not understand. Verification must be provided.

<b>Type of Income Received</b>	<b>30 Days</b>	<b>12 Months</b>
Earned Income		
Unemployment Benefits		
TAN / ATAP		
General Assistance (GA)		
General Relief (GR)		
Social Security Income		
Child Support Income		
Foster Care Payments		
Food Stamps Received		
Alaska Permanent Dividend		
Native Corporation Dividends		
Native Corporation Dividends		
Are You A Vet? Yes / No		
VA Payments Received		
Other		

**Monthly Expenses**

<b>Shelter Expense</b>	<b>Amount</b>	<b>Misc. Expenses</b>	<b>Amount</b>
House Payment/ Rent		Car Payment	
Electricity		Car Insurance	
Heating		Groceries	
Phone (Base Charge Only)		Child Care	
Home Insurance		Other	
Other		Other	

**Current Employment and /or Education/ Training Activity**

<b>Application Information</b>	<b>Applicant</b>	<b>Spouse/Co Habitant</b>
Job Title/ Course of Study		
Employer / Training Institute		
Address		
Contact Person		

**Residency**

**Residency Verified By:** AK Perm Fund \_\_\_\_ Fishing Lic. \_\_\_\_ AK. Lic. \_\_\_\_ Other \_\_\_\_

**Other Being:** \_\_\_\_\_

**Staff:** \_\_\_\_\_

**Ninilchik Indian Housing Program**  
**Emergency Assistance Program**

**CLIENT RIGHTS/RESPONSIBILITIES**

**Rights**

***The Client has a right to...***

- ❖ Be treated with respect.
- ❖ Be treated without regard to race, color, creed, national origin, religion, sex, sexual preference or age.
- ❖ Be treated without regard to disability unless treatment being provided makes treatment hazardous to the individual.
- ❖ Have all personal information treated in a confidential manner.
- ❖ Review his/her file with an appropriate staff present.
- ❖ Be fully informed regarding any and all fees associated with his/her services received from NIHP.

**Responsibilities**

***The Client has the responsibility to.....***

- ❖ Treat NIHP staff with respect.
- ❖ Be accurate and complete as possible when providing information to NIHP.
- ❖ To carry out NIHP program rules and regulations related to the program he/she is applying for.
- ❖ Actively participate in decision and perform those activities made in the decision making process regarding any services received from NIHP.
- ❖ Inform NIHP staff of any changes in address, income, etc.

**CLIENT GRIEVANCE PROCEDURE**

A procedure has been established and maintained by Ninilchik Indian Housing Programs to assist clients in resolving any complaints or grievances arising from a real or perceived violation of client rights.

No specific form is necessary to file a grievance, however a grievance must be in writing. You must clearly state the problem(s) by detailing the action taken or not taken by NIHP staff and outline possible solutions and / or resolutions.

An earnest effort will be made by NIHP staff to resolve problems encountered during all stages of program participation. The following steps outline the recommended procedure for attempting prompt resolutions to complaints/grievances regarding the service components of the Ninilchik Indian Housing Program:

1. Submit a complaint in writing to the NIHP Housing Director. An informal meeting will be scheduled to discuss the complaint. If the complaint cannot be resolved informally, the Housing Director shall, within 10 days after the receipt of the complaint, issue a written decision and inform the opportunity to further appeal the matter outlined in Step 2 below.
2. If unsatisfied with the written decision by the Housing Director, submit an appeal, in writing too the Ninilchik Traditional Council, C/O Executive Director, P.O. Box 39070, Ninilchik, AK 99639. A hearing will be scheduled within 30 days of receipt of the appeal. The Executive Director will issue a written response within 10 days of the hearing with the Ninilchik Traditional Council.

**Ninilchik Indian Housing Program**  
**Emergency Assistance Program**

**Applicant Certification**

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge. I understand that if I deliberately enter false information on this form, I may receive a \$10,000 fine, imprisonment for not more than two years, or both. I also understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application, removal from any eligibility list, or suspension from any NTC program participation and services.

\_\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
*Applicant's Signature* *Date*

\_\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
*Spouse/Co-Habitants Signature* *Date*

## Ninilchik Indian Housing Programs

15910 Sterling Hwy.

P.O. Box 39070

Ninilchik, AK 99639

PH: 907 567-3313 / FX: 907 567-3308

E-mail: [bob@ninilchiktribe-nsn.gov](mailto:bob@ninilchiktribe-nsn.gov)

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### RELEASE OF INFORMATION

I/We, the undersigned, hereby authorize the release of any information via **fax** or hard copy concerning me, to the Ninilchik Indian Housing Programs / Ninilchik Traditional Council, located at 15910 Sterling Highway, P.O. Box 39070, Ninilchik, Alaska 99639. The requested information shall be used solely in the administration of NIHP programs, and a reproduction of this release is as valid as the original. **Contacts may include, but not be limited to:**

- ❖ Public Assistance
- ❖ Department of Labor
- ❖ Social Security Administration
- ❖ Veterans Administration
- ❖ Division of Vocational Rehabilitation (DVR)
- ❖ Employers
- ❖ Native Corporations
- ❖ Child Support Enforcement Agency
- ❖ Bureau of Indian Affairs
- ❖ Private Individuals
- ❖ Alaska Perm. Dividend Fund
- ❖ Alaska Senior Benefits Program
- ❖ NTC Tribal Services

Other (Please Name) : \_\_\_\_\_

*This authority shall continue until revoked in writing by the undersigned.*

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Applicants Signature	Date	Social Security Number
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Printed Name

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Spouse/ Co- Habitant Signature	Date	Social Security Number
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Printed Name

## Request to Release Confidential Records/Information

I, \_\_\_\_\_, Social Security No. \_\_\_\_\_,  
(print your name)

do hereby request the State of Alaska, Department of Labor and Workforce Development, Employment Security Division, to release copies of documents and/or information, as specifically described hereon, from the confidential records maintained by the Employment Security Division, to:

**Recipient:** Ninilchik Indian Housing Programs, Attn: Bob Crosby or Danielle Self,

**Street Address:** 15910 Sterling HWY

**Mailing Address:** P.O. Box 39070

**City:** Ninilchik **State:** AK **Zip Code:** 99639

**Telephone:** ( 907 ) 567-3313 **Fax:** ( 907 ) 567-3308

**Records/Information to Release:** (Please specifically describe the records and/or information you are requesting to be released to the recipient):

Tax Wage Inquire for the years 2004 to the present.

Printout of all Benefits paid for the years 2004 to the present.

If benefits are being paid: Beginning Date \_\_\_\_\_ & End Date \_\_\_\_\_

Eligible for Extended Benefits? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Purpose:** If approved by the Employment Security Division, the specific purpose(s) for which the requested records or information about me are to be released is/are (describe or explain what you intend the records to be used for by the recipient named above), and are not to be used for any other purpose by the recipient named above, nor are the records to be re-disclosed by the recipient to any other party for any purpose:

Ninilchik Indian Housing Programs is required by HUD to verify the income of all applicants applying for assistance through their office, to verify that I am with in the NAHASDA Income Limits.

**Authorization:** (please sign your name below to authorize release of records and/or information to recipient named above for the purpose stated above)

\_\_\_\_\_  
(your signature)

\_\_\_\_\_  
(date)

**My Authorization for release of Records/Information expires on**

\_\_\_\_\_  
(date)

Please return the original signed copy of this Request to Release Confidential Records / Information form to:  
Alaska Department of Labor and Workforce Development Employment Security Division

Attn: UI Support Unit/Custodian of Records

PO Box 115509, Juneau, AK 99811-5509

You may FAX a copy of this signed request form to the UI Support Unit. Fax Number: (907) 465-2741

**Special Note:** Alaska Statute (AS) 23.20.110 prohibits disclosure, re-disclosure or use of any confidential records or information maintained by the State of Alaska, Department of Labor and Workforce Development, Employment Security Division, for any purpose not authorized by AS 23.20.110, and without the express permission of the Employment Security Division. Under Alaska Statutes 23.20.110 and 23.20.115, whoever discloses, re-discloses, or mis-uses records or information declared, or otherwise considered to be confidential records or information under AS 23.20.110, is guilty of a Class B Misdemeanor.

As an individual requesting the disclosure of records, your request for disclosure may be denied by the Employment Security Division if disclosure is not allowed under Alaska Statute 23.20.110.

Please contact the UI Support Unit at (907) 465-4691, if you have any questions concerning the disclosure of confidential Unemployment Insurance or Wage records by the Employment Security Division.

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(print your name)

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\_\_\_\_\_  
(your signature)

\_\_\_\_\_  
(date)

**My Authorization for release of Records/Information expires on**

\_\_\_\_\_  
(date)

Please return the original signed copy of this Request to Release Confidential Records / Information form to:

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May 1988 p-88-2

## Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and rectification forms.

### PURPOSE

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

### PENALTIES FOR COMMITTING FRAUD

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or rectification forms contain false or incomplete information, you may be:

- \* Evicted from your apartment or house:
- \* Required to repay all overpaid rental assistance you received:
- \* Fined up to \$10,000.00:
- \* Imprisoned for up to 5 years; and/or
- \* Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

\*\*\*\*\*

### ASKING QUESTIONS

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

\*\*\*\*\*

### COMPLETING THE APPLICATION

When you give your answers to application questions, you must include the following information:

#### Income:

- \* All sources of money you and any "adult" member of the family receive (wages, welfare payments, alimony, social security, pensions, etc.).
- \* Any money you receive on behalf of your children (child support, social security for children, etc.).
- \* Income from assets (interest from a savings account, credit union, or certificate of deposit, dividends from stocks, AK Perm Dividend, etc.).
- \* Earnings from a second job or part time job.
- \* Any anticipated income (such as a bonus or pay raise you expect to receive).

**Assets:**

- \* All bank accounts savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you or any adult member of your family/household who will be living with you.
- \* Any business or asset you sold in the last 12 months for less than its full value, such as your home to your children.

**Family/Household Members:**

- \* The names of all of the people ( adults and children) who will actually be living with you whether or not they are related to you.

\*\*\*\*\*

**Signing the Application**

- \* Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- \* When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- \* Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

\*\*\*\*\*

**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must rectify. You must report on rectification forms:

- \* All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.
- \* Any family/household member who has moved in or out.
- \* All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

\*\*\*\*\*

**Beware of FRAUD**

You should be aware of the following fraud schemes:

- \* **Do not pay any money to file an application.**
- \* **Do not pay any money to move up on the waiting list.**
- \* **Do not pay for anything not covered by your lease.**
- \* **Get a receipt for the money you pay.**
- \* **Get a written explanation if you are required to pay any money other than rent (such as maintenance charges, etc.).**

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**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD hotline at (202) 472-4200. This is not a toll free number. You can also write to the HUD Hotline, Room 8254, 451 Seventh Street, S.W., Washington, D.C. 20410.

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**I have read and understand this bulletin:**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Habitants: \_\_\_\_\_ Date: \_\_\_\_\_